

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 10593

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | 1/1/05 Through: 12/31/05 | | | |
|--|---|--|--|--|
| 3. Name and address of person filing. | Name, file number, and address of labor organization. | | | |
| Name faron Thornburg | Name IBEW L.W. 265 | | | |
| J | Labor Organization File Number 639-624 | | | |
| P.O. Box, Bldg., Room No., if any P.O. Box 37 (| P.O. Box, Building and Room Number, if any P.O. Box 22725 | | | |
| Street 741 S. 3rd | Street 6200 S. 14th | | | |
| city Ceresco | city Lincoln | | | |
| State N E ZIF Code + 4 68017 | State <i>NE</i> 2/P Code + 4 685/2 | | | |
| 5. Position in labor organization. Examing Roard | | | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name Southeast Community College | tenchine for JAT.C. | | | |
| Miltord Compus Trade Name, if any: | Tooling 1 | | | |
| P.O. Box, Bldg., Room No., if any | | | | |
| street COO Stole St | 7.b. Amount. | | | |
| Street 600 State 5t. | 8000000 | | | |
| city Milford | 6,637.75 | | | |

tage. Signature Pate O.

| submitted in this report (including the | ne information contained in any accomp | y of Peŋury and other applicable penaltio panying documents), has been examined e section on penalties in the instructions. | by the signatory and is, to the best of the |
|---|--|---|---|
| Signed David T | termberg) | on <u>3-28-0</u> 6 | |
| | 1 | Date | Telephone Number |
| Form 1 M-30 (2003) | | | Doga 4 |

State NE



| Name of Person Filing Racon T. Thombus | File Number U- 10593 | |
|--|---|--|
| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization. | nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name | | |
| Trade Name, if any: | a. Labor Organization b. Trust | |
| P.O. Box, Bldg., Room No., if any | c. Employer | |
| Street | C. Limpidyes | |
| City | | |
| State ZIP Code + 4 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 11.b. Approximate dollar value of such dealing. | |
| City | 12.a. Nature of interest held or income received. | |
| State ZIP Code + 4 | | |
| | | |
| | | |
| | | |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of more | nder parts A and B above) ney or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | |
| (including trade name, if any). Name | | |
| | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City 719 Codo + 4 | | |
| State ZIP Code + 4 | 14 h. Amount of pourport | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | |

Form LM-30 (2003)